



## Employee Separation or Transfer Supervisor Checklist

Division/Facility/School: \_\_\_\_\_

Work Unit: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Effective Date of Separation or Transfer: \_\_\_\_\_

ACTION		INSTRUCTIONS
<input type="checkbox"/>	Resignation with confirmation	<i>Human Resources needs immediately</i>
<input type="checkbox"/>	Separation Action Form (SAF)	<i>Human Resources needs immediately</i>
<input type="checkbox"/>	Leave Record With Employee's Signature	<i>Human Resources needs immediately (Reminder: Notify Human Resources of any revisions to employee's leave record.)</i>
<input type="checkbox"/>	Benefits Consultation	<i>Direct employee to Human Resources to discuss benefit options prior to separation.</i>
<input type="checkbox"/>	Exit Interview Survey	<i>Coordinate Exit Interview Survey with employee and Human Resources prior to separation.</i>
<input type="checkbox"/>	Final Performance Management System Work Plan and Rating signed by Supervisor and Employee	<i>Human Resources needs on employee's last day</i>
<input type="checkbox"/>	Separation or Transfer Clearance Checklist	<i>Human Resources needs on employee's last day</i>
<input type="checkbox"/>	Completed Employee Separation or Transfer Supervisor Checklist	<i>Human Resources needs on employee's last day</i>

Supervisor's Name: \_\_\_\_\_  
(Please Print)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_